HISTORY OF

CENTRAL MEDICAL LIBRARY

by Di Ellis
Darwin, 1986
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INTRODUCTION

In writing this history of the Central Medical Library (CML) I had difficulty in deciding just where to begin. Although the CML as such did not officially exist until December 1970 I have decided to include in my background notes the state of medical library services in the Darwin area after the advent of Cyclone Tracy in December 1974, as this tends to highlight what has been achieved since. As Cyclone Tracy was also the catalyst for the improvement of NT library services generally it is therefore considered an even more appropriate starting point.

BACKGROUND

Prior to the cyclone there existed in Darwin the Darwin Hospital library and the NT Divisional Office library, located in the MLC building. These were administered by the Commonwealth Department of Health.

In September 1975, Mr Bert Pribac of the Department of Health Central Office Library in Canberra visited Darwin at the invitation of the NT Library Committee, "in order to advise on the rehabilitation of the Darwin Hospital Library Services". 1

Mr Pribac reported that among the library's problems were

a) damage caused by the cyclone - over 500 items damaged beyond repair and approximately 1000 volumes missing;

b) a lack of planning for more suitable premises in the future;

and

c) inadequate staffing - only the Clerical Assistant position was staffed and the incumbent admitted that her lack of training and experience led to her being unable to perform her duties efficiently. The position of Librarian Class 1 was difficult to fill and then to retain the incumbent (it had been vacant for 12 months).

Library services were poor, loan records not kept, catalogues almost non-existent, reference services were non-existent, and periodicals were not bound or even kept in any proper order.

1Pribac, Bert. "Rehabilitation of Darwin Hospital Library". P.1.
The library's holdings consisted of 174 journal titles and there were 3784 monographs on the accession register but (due to the cyclone) there was a discrepancy of approximately 1000 volumes.

Ordering was a complicated and lengthy procedure sometimes resulting in a new edition of a book being published before the previous edition ordered was received!

No photocopying facilities were available in the library nor facilities for reading and printing microfilm, microfiche or cassette film. Neither was there any facility to view colour slides or films.

In Mr Pribac's report of his visit, some of the recommendations he made were:

1. That the Darwin Hospital Library becomes the Central Medical Library for the Northern Territory.

2. That a position of Librarian Class 2 be created. That the position of Librarian Class 1 be abolished and a position of Library Officer Grade 2 or 3 be created.

3. That the ordering and tendering procedures then in operation at the Central Office Library in Canberra be adopted fully and immediately.

4. The hospital library should acquire at least 50 more journal titles and various basic reference books, bibliographic tools and abstracts to a total cost of approx. $5 125.

5. Planning should be initiated for a separate library building because the present accommodation, although adequate at the time did not allow for future expansion.

6. Basic machines and equipment such as photocopier, fiche reader/printer should be purchased.

7. Periodicals to be bound and alternative methods of storing eg microform should be investigated.

8. Use should be made of centralised cataloguing services.

I do wonder whether this fairly damning report was ever read by the "powers that be" as no immediate improvement in medical library services was apparent. It was not until the appointment of Mrs Joy King, a qualified librarian, in the year following the cyclone (1975) that changes, albeit slow, began to happen.
ESTABLISHMENT OF THE CENTRAL MEDICAL LIBRARY

The Central Medical Library came into being in December 1978 with the handover of responsibility for the provision of health services in the Northern Territory from the Commonwealth to the new NT Government.

The staff was increased at that time from two to three but due to no relief being supplied during periods of staff leave, etc, for much of the time only two staff were present, little enough when the CML covered the area north of Tennant Creek of approx. 270,000 square miles, consisting of 5 hospitals, 20 rural health centres, 7 mission health centres, 2 laboratories and 15 health centres on pastoral properties.

Gradually services improved - a centralised ordering system was established whereby books began to appear on the shelves within two months of being ordered; periodical subscriptions were brought into line so that the renewal date for all fell in January each year and current awareness searches were set up, a particular boon to staff in rural areas.

In January 1980 the new hospital at Casuarina was opened and the library moved to its new premises. Unfortunately the new library was not designed by architects with any understanding of the functions of the work of a library, and modifications had to be made to the existing floor plan. There was not enough room for all of the journal collection under one roof, so the main part of the journal collection was retained in the main hospital building, in cramped conditions, a situation which still exists today.

In the 1979/80 financial year a MEDLINE terminal was purchased, giving the library access to various data bases such as HEMLOC and CATLINE, and bringing the NT medical library into line with many other Australian libraries sharing a central data base.

THE PRESENT

Staffing: At present the library has the following staff positions - Chief Librarian (Class 4), Librarian Class 2, 1 x A4, 4 x A3's (1 vacant) and a Trainee Library Technician.

The Chief Librarian reports to the Medical Superintendent at the Hospital and for administrative purposes the library is included in the Allied Health Professionals Division.

Services to users: Information provision through online searches, inter-library loans and current holdings; acquisition of material for various divisions and regions; a small film and video library; leisure reading facilities; current and back numbers of periodicals.
Equipment: Photocopiers, microfiche reader/printers, 16mm projectors, overhead projectors, slide projectors, video equipment, cassette players.

Cataloguing is presently carried out by the Department of Health in Canberra and our holdings added to the HEMLOC on-line file. It is hoped that in the near future we will be doing our own cataloguing, adding our holdings directly on-line, an improvement which would be of benefit to all library staff and the users as the information would be kept up-to-date.

Ordering for all divisions of Health in Darwin and the regions is done by the library, in conjunction with the Stores Division at Royal Darwin Hospital.

CONCLUSION

It is obvious from the above that significant changes for the better have been made to medical library services in the Northern Territory since the cyclone of 1974.

Two main areas of concern for the library at present are the lack of space for journals, and the problems associated with having to staff three different locations. However, these problems are being considered at present and hopefully satisfactory solutions will be found in the near future.
BIBLIOGRAPHY
(alphabetic order)

CONFERENCE PROCEEDINGS


REPORT

Area served by Central Medical Library
(Shaded in red)
APPENDIX 3

Slides of library at old Darwin Hospital
1. I visited Darwin on the 10, 11 and 12 of September 1975 at
the invitation of the N.T. Division Library Committee in
order to advise on the rehabilitation of the Darwin Hospital
Library Services.

The medical and health related library services in the N.T.
consist of two distinguishable units - the Darwin Hospital
Library and the N.T. Division Library which also includes
all other hospitals and nursing stations.

1.1 During my stay I had discussions with Dr C.G. Mills, with
Dr A.C. Walker (Chairman of the Library Committee), with
other doctors, the incumbent clerical assistants managing
the hospital and divisional libraries, with the Hospital
Matron and the former acting librarian - Mrs Maxine Howlett.
I also had a good look at the accommodation problem, the
book and periodical stacks and I have analyzed, as much as
it was possible during the short stay, the adequacy of
periodical and book collections, the existing ordering and
loan systems and other library facilities and procedures.
I am listing here below the problems:

The problems:

2. Cyclone Tracy Damage

2.1 I counted over 500 volumes of periodicals and reference books
damaged beyond repair by the cyclone. Counting the shelves,
adjusting to loan records and the accession register, it
seems that about 1000 volumes are missing or damaged beyond
repair (roughly 25% of the total collection).

The library assistant pointed out that many books were out on
loan during the cyclone period and it is quite possible that
the discrepancy can be attributed to the fact that many books
were destroyed by the cyclone while out of loan or were lost
in the consecutive weeks when there was so much health...
personnel movement. I presume that some books belonging to the divisional office may have been lost or destroyed that way too. Many titles were also presumably obsolete and should have been replaced with new editors anyway, thus the damage is not so great as it seems on first sight.

3. **Accommodation**

3.1 The accommodation of the Hospital Library, though minimal, is adequate if one considers the present accommodation situation in Darwin as a whole. Although the premises are temporary, consisting of two medium size rooms and a small service area, these should suffice for at least 18 months and as long as the air conditioning is working, there is no danger of further deterioration of library materials, providing that some anti-mould spraying is applied to the two rooms.

3.2 But should the library increase its stock and staff; (which is beyond doubt) properly designed and built library premises should be planned and built as soon as possible, because the library shall need permanent accommodation in two years time. A location adjacent to the swimming pool and to the clinical unit of the hospital should be preserved now for the medical library.

3.3 The library accommodation at the Divisional Office on the other hand is adequate though rather poorly utilized. Proper library shelving should be provided and a lot of duplicate and obsolete material should be discarded or written off.

4. **Staffing**

4.1 At Darwin Hospital

There is provision for one librarian Cl.1 and one clerical assistant Gr.3 to manage the Hospital Library. Only the position of CA.3 was staffed during this year and they have difficulties in recruiting or keeping a librarian Cl.1 who is supposed to manage the departmental library system for the...
Darwin area and provide advisory service on developmental aspects of medical library services throughout the N.T. It is over one year now since they have been without a librarian.

Miss S. Bowden the incumbent clerical assistant has been looking after the library for a few months now and is leaving soon for overseas. While she tries her best to manage things, she sincerely protests that she has neither the authority nor experience or training to be able to perform her duties efficiently.

4.2 Library services are now poor, loan records are not kept or are unreliable; catalogues are almost non existent and many titles are duplicated beyond what would be normally reasonable. Reference services are just no there. Periodical sets are not bound or even properly sorted and boxed. There is dissatisfaction with the existing library services among all existing or potential library users.

4.3 At the Divisional Office — Alice Springs

Though I haven't visited Alice Springs, I have been assured that their library officer has the situation well under control. I have noticed this fact also in the Central Office in Canberra to where many requests are being received from Alice — these are well set and loans are returned on time.

5. Collections

5.1 At Darwin Hospital

The Hospital library receives 174 titles of journals — there were 250 linear feet of unbound periodicals at the hospital library, rather badly shelved, most of them not in any particular order.

I did not notice any bound volumes.

If all the loose issues were to be bound, it would amount to approximately 1200 volumes, but I believe that the binding
problem is rather hopeless in Darwin: there is no local book-
binder, long delays would be common if journals were to be sent
south for binding with extra transport costs. The cost of
binding the journals would be approximately $6500 initially
then about $1200 annually at current prices. In addition at
least 40 linear feet of shelving per year is required for the
journals only (or 20 sq feet of floor space).

5.2 Of the 174 journal titles only 48 are listed in Abridged Index
Medicus, a most essential tool which the library does not take,
neither does the library take other tools as the Hospital
Literature Index and other relevant indexing and abstracting
services. I noticed though that they subscribed to the larger
version of Index Medicus, but only to the monthly issues – a
rather hopeless tool without the yearly circulations. In
fact, one of the main complaint from the medical practitioners
was that they were unable to find relevant articles either by
title or subject. The full Index Medicus service provides for
that and more – it costs $410 yearly, but without it a medical
library is very severely handicapped. There was no one there
aware of these facilities but all were aware that they are
missing information which is available to their professional
colleagues down south.

5.3 Books
The Hospital Library had on its accession register 3784 mono-
graphs. Lately they received 500 titles as gift to compensate
to a certain extent for the losses due to cyclone Tracy (many
of these books are obsolete), and they have 400 titles on
order.

I counted over 2200 books on the shelves (including the nursing
collection). There were records for 800 permanent loans and
100 current loans. A discrepancy of about 1000 titles is
evident (see 2.1).

The present acquisition programme is over 400 books per year.
Not a bad figure if there were not so much duplication of
some titles and if it did not take so long to receive them.
5.4 Cataloguing
No real cataloguing has been ever attempted at the hospital library though a basic author/NLM classification approach has been adopted. While this method was sufficient when the collection was still very small, it does not satisfy present needs for a total search approach, e.g. author, title, series, subjects, corporate authors etc. The finding and lending process will become even more complex and tedious as the library grows.

5.5 Nursing Collection
While purchased through the Central Library this collection is kept jealously separate. Considering the present staffing situation and non existent loan policies, this is perhaps quite reasonable, if the 80 or so nurses in the School of Nursing are to be provided with much needed literature. There is also a Midwifery Refresher's School attached to the School of Nursing.

The accommodation of the nurses' library is really unsatisfactory and this problem should be solved in conjunction with new premises for the Hospital Library (see 3.2).

5.6 Collections at N.T. Divisional Office
The N.T. Office Library takes about 270 titles of new books per year and they subscribe to about 100 journal titles. The existing book stock is less than 3000 volumes of which many are located at the 59 stations and 4 other Hospitals scattered throughout the N.T.

Somebody at some stage started a rudimental catalogue on the line of the one in the Hospital, but it wasn't maintained lately, neither were loan cards made for literature borrowed or taken from the library.

6. Accreditation
It was pointed to me by the Chairman of the Library Committee that some medical colleges have considered quite seriously to withdraw accreditation to the Darwin Hospital unless the
Hospital Library is brought up to accepted standards required of a teaching hospital. I agree with the colleges and I believe that a total rehaul of medical library services in the N.T. with particular reference to the Darwin Hospital should bring the desired changes and standards. I shall have more to say on this point in my recommendations.

7. Finance and ordering
Most of the complaints I heard when I was in Darwin, were against the awkward and frustrating ordering system. The library assistant, the Chairman of the Library Committee, the former librarian, all maintain that their ordering system is at the root of all their troubles, misunderstandings and bureaucratic delays.

At the present all book and journal ordering is being processed through the various stores officers whose understanding of Treasury regulation regarding literature purchasing and book tenders is either dubious or treated as less important.

7.1 The order is placed in the Library, where it has to be approved by the Library Committee. Then it goes to the Hospital Store, from where it goes to the Divisional Store in Darwin, then to Brisbane, after which is funded and processed by Accounts in Brisbane from where it goes to the contractor (the cheapest and not necessarily the most efficient). Before it reaches the book supplier, the order is usually chopped and changed to be unrecognisable. Almost the same rigmarole is repeated the other way round, so that after the book has gathered all the various stores' dust it may arrive into the library (a new edition may be in print by that time!).

7.2 There is not much difference in the ordering procedure at the N.T. Divisional Office (only one store less to go) but the ordering there is complicated by the fact, that the librarian purchases books for over 50 stations and minor hospitals.

7.3 The choice of suppliers or contractors is somewhat dubious as well though not the fault of the library or of the various
stores officers. Darwin is at the very frontier of Australian life and reputable Australian firms with buying facilities very rarely bother to capture the minute book market of Darwin. Yet those firms are the fastest and most efficient.

7.4 Evidence was shown to me also whereby invoices have not been paid for long periods, standing orders for journals and other periodical literature were disrupted or discontinued because the library was not allowed to honour its commitments. This resulted in a great deal of ill will, misplaced effort and long correspondence bouts creating nothing but an all pervasive feeling of frustration. Not only the librarian, but also the Library Committee were disregarded in their endeavours to provide efficient library service.

7.5 It is important to note here that the same criticism was applicable to the Central Office Library in Canberra until the good will of the Internal Consultancy Section, the Finance Section, the Internal Auditor and the Librarian’s, were used to streamline library ordering procedures. This was done in consultation with the Treasury, the Purchasing Commission and with examples from other government libraries and statutory bodies.

Ordering at the Central Library in Canberra is now much simpler and faster, yet Treasury Regulations and the Auditing Act are adhered to. We have had since we changed the system, two Commonwealth auditing inspections and except for some stock-taking problems related to staffing, there was no criticism of our systems and ordering records. Many libraries are now considering our system (e.g. Education Department, Science).

The same or very similar system is being used by the National Library, by the Department of Capital Territory, Australian Bureau of Statistics, N.B.S.L., the School of Public Health and Tropical Medicine in Sydney and several other government departments and instrumentalities.

8. Machines and equipment
While there are photocopying facilities at the Hospital itself,
the library does not have a photocopying machine. Journal
issues are taken out of the library for long periods either
on loan or photocopying, which limits their use by other
medical officers and nurses and their reference value in the
very library.

Many books are taken out on loan for long periods though a
photocopy of a relevant chapter is all what a user often
may want.

At the Divisional office there is a photocopying machine
located near the library.

8.1 There is no facility either at the Hospital or at the Divis-
ional Office for reading and printing microfilm, microfiche
or cassette film. Neither is there any facility to view colour
slides or films, not within the two libraries at least.

Other machines: for book labelling, catalogue card duplicat-
ing, loans maintenance were not evident either.

9. Library Committee
There is a N.T. Central Library Committee whose interest in a
well organised medical library system is genuine and well just-
ified.

It may not have been as useful as it behaves, because it lacks
proper guidlines and terms of reference — an omission that can
be readily remedied. It may have also involved itself in the
minor affairs of the library — day to day management instead
of giving guidelines for book selection, collection building
and budgetary control. But this is understandable and very
praiseworthy in knowing that the libraries were without librarians.

It should be used in future more forcefully as a library user
pressure and policy groups in order to improve library facilities
and obtain adequate funds for the collections and qualified
librarians as well. It may well serve as a control board for
a balanced and progressive growth of medical libraries in the
whole of the N.T.
Conclusions

In view of the problems besetting the medical libraries in the N.T. all of which are under the control of our Department, I wish to stress that the present arrangement does not satisfy the information needs of the medical officers, administrators or other research people employed throughout the N.T. in the provision of health services care.

Whilst the present arrangement may have been satisfactory several years ago when it was established and the deficiencies are nothing else but the outcome of increased demand for library services and fast provision of literature, blame for the present situation should not and cannot be apportioned to anyone in particular.

The call for this analysis and survey came from the N.T. Central Library Committee and the Divisional Head, who clearly indicated their awareness of the situation and good will to act and remedy the situation.

Cyclone Tracy was only an unplanned act who made them fully aware of the situation (and if I may say so definitely a positive act, at least in respect of library services).

The N.T. should be equated in respect of medical library services to any State of the Commonwealth or at least to the Capital Territory Health Commission and library services equivalent to theirs if not better, should be provided and maintained to compensate for distance, population spread and harsh condition of life, study and research.

Such services would be also in line with recent developments and trends in the delivery of health care in the N.T.

Because of the need to share and co-ordinate existing and future library information services and resources which are not abundant now, I find it difficult to separate the Darwin Hospital Library from the N.T. Division Libraries.

Whilst I am not disputing the need of having autonomous libraries...
and reading centres throughout the N.T. there are many library functions and services that are more economical and efficient if shared.

Foremost of these are tendering, purchasing, cataloguing and some reference services. I see the Darwin Hospital Library as the focal point of these shared services, because it is the accredited hospital for the N.T., it has training courses and schools in the paramedical professions relevant for the whole Territory. It has also the largest concentration of library users (doctors and nurses). It already has some tradition in providing library services, an existing collection which though badly organised is nevertheless the core of a larger and constantly growing library system.

On the basis of all the above factors, I am pleased to make the following:

Recommendations

General
- That the Darwin Hospital Library becomes the Central Medical Library for the Northern Territory with responsibility for centralised purchasing and cataloguing of all library materials.
- That library budgeting and selection for library materials purchase remains the prerogative of each particular hospital (e.g. Gove, Tennant Creek, etc.) or the Divisional Office at Darwin, but funds could be transferred to the Darwin Hospital Library for appropriation against each library request.

Staffing
- That a position of Librarian Cl.2 be created to implement any changes and maintain adequate library services with responsibilities for selection of new materials and cataloguing. There is a precedent in the position of Librarian Cl.2 at the Capital Territory Health Commission (Pos. No. 51.1) now being considered for transferring to the Capital Hospital. The N.T. requires a mixture, fairly senior librarian who can work independently yet in co-ordination with other medical libraries in Australia.
That the Divisional office at Darwin should be staffed by a Clerical Assistant Gr.4 or preferably Library Officer Gr.1 with responsibilities for loans, reference requests, interlibrary loans and liaison with Darwin Hospital Library in respect of purchasing, cataloguing and more complex reference requests.

That the position of Librarian Cl.1 at the Darwin Hospital Library be abolished and a position of Library Officer Gr.2 or 3 be created — to ensure continuity of staffing and adequate clerical and cataloguing support for the librarian Cl.2.

Orders & Tenders

That the ordering and tendering procedures now in operation at the Central Office Library in Canberra be adopted fully and immediately to ensure promptness of literature supply and ordering (see attachment no. F-6). Providing that the concerned institutions agree, all medical literature ordering should be transacted directly from the Darwin Hospital Library without reference to any store; after the Hospital Accountant has certified availability of funds and the requisition has been approved by the Chairman of the Library Committee or any senior administrative officer authorised to do so — preferably at the very Hospital. The Officer authorised to order or requesting supply is the librarian (forms 11 and 12).

There is no need for the whole library Committee to approve purchases, except for the yearly or 3 yearly tender for periodicals. The recommendation of the Chairman of the Library Committee should be imperative for items costing more than $30. All other orders should be placed on the authority of the librarian, provided that he or she is fully aware of any budgetary limitations and selection policies. Ordering directly from the library to supplier and delivery direct from supplier to library should eliminate any unnecessary delays and frustrations. It would make the librarian fully responsible for running the library and make him or her also responsible for any delays or complaints.
Should this option be too late for implementation during this financial year, the Central Office Library is prepared to serve as the ordering agent for the N.T. until local arrangements are clarified in the N.T. However, to do so, the Central Office Library should receive as soon as possible bulk requisition numbers from the N.T. Divisional Office and the Darwin Hospital for library funds available to them in this financial year. These bulk requisition numbers would be used against our tenders which are already operative. The Central office would order relevant supplies against those nos. for delivery directly from supplier to the N.T. as specified on the purchase request from the N.T. Acquittal of goods and payment of invoices would be the responsibility of the N.T. Division or and the Darwin Hospital.

Bulk requisitions could also be raised in the N.T. directly quoting our tender numbers for periodicals and books. Ordering from the N.T. could start directly to our suppliers without reference to the Central Office library in Canberra.

The Chairman of the Library Committee in the N.T. would need to see all purchase orders prior to their placing with suppliers. Orders can be then sent to suppliers as required on the authority of the bulk requisition number but with suitable book prefix number to identify each item being purchased. This is the same system as being used now in the Central Office Library (except for the recommendation of the Chairman Library Committee which at the COL is only for items above $50).

(Copies of COL tenders attached.)

Collections

The Hospital Library of the Darwin Hospital being the main medical library for the N.T. (and likely to be so in the future) should seek to acquire at least 50 more periodical titles, those listed in the Abridged Index Medicus but not held in the N.T. The Library should also acquire immediately the full Index Medicus Service (monthly and annual cumulations), the NLM Current Catalog (weekly, quarterly and annual), the International
Nursing Index, Current Contents: Clinical Practice, the Hospital Literature Index, Hospital Abstracts and some other relevant indexing tools, e.g. Toxicity Bibliography, Drug Interactions etc.

In respect of the book collections, the Library should endeavour to acquire regularly at least all those reference books listed annually in the Bulletin of the Medical Library Association and in the latest edition of Books and Periodicals for Medical Libraries in Hospitals.

The annual cost of this improved collection would be:

- 50 new periodical titles $2 200
- 100 new reference books 2 000
- *Index Medicus - full service 400
- *NLM Current Catalogs & Proof sheets - full service 175
- Current Contents - Clinical Practice 200
- Other indexing & abstracting services 150
- Total added annually $5 125

Such a collection would definitely ensure full accreditation, providing that accommodation loans and reference services are also maintained at an appropriate level.

A well organised medical collection in Darwin would also ensure that up to 80% of all requests for library materials are satisfied on the spot without recourse to the southern States or Central Office.

**Accommodation**

It must be taken into serious and early consideration that the demand for library information services has been growing steadily in the last 50 years, but especially the last 10 years with no slowing down in sight. Therefore, planning for a separate building or floor for the Hospital Library should be undertaken now, because the present accommodation is barely satisfactory for the next 18 months or even less, should the nursing collection be brought back to the Central Library of the Hospital.
Machines & Equipment

The Hospital Library needs to have a photocopier of its own in order to provide fast service and preserve library material.

Should the Hospital Library undertake its own cataloguing, then it must have also a Polaroid Close-up Camera (for copy cataloguing from NLM catalogues) and a Mini-graph catalogue card duplicator. But should all cataloguing and ordering be done through Canberra, then these two items are not necessary.

A microfiche reader/printer should also be acquired to cater for all the medical literature now available in micro-form (microfiche, microfilm, cassette microfilm). A brief check through only two catalogues of microform publishers (University Microfilms Ltd and Blachwell's) has indicated that 84 titles of the Darwin Hospital collection are available in some micro form. It is more than likely that 90% of the titles are available in such form!

Many overseas libraries would now supply journal titles in microfiche only. The National Library of Australia does the same for doctoral dissertations in medicine and in the life sciences.

A colour slide projector - for viewing pathological and surgical slides should also be purchased. Many current publications contain slides as supplements and some medical publications are entirely made of colour slides.

Cost of Machines

Photocopier - an Apeco Automatic - cost of paper only - 1.6c per page (approx. $350.00 per annum).

Polaroid Close-up camera. $550.00 initial cost, then 30c per shot or approx. $220 per year.

Minigraph Duplicator. Approx. $400 initial cost, plus cost of catalogue cards - approx. $70.00 per annum.

Microfiche reader/printer. Most probably 3M500 with interchangeable lenses and gadgets for both microfiche and microfilm. Initial cost approx. $2 300.00 then cost of paper - approx. 1c per sheet.

A slide viewer. Approx. $250.00
Binding of Periodicals

To maintain the integrity of the collections and of individual titles, periodicals must be bound or kept clearly within their bibliographical units. Their physical integrity is greatly enhanced by binding.

Binding, boxing or microfilming are the means by which such unity may be achieved. Three alternatives are proposed for your consideration.

1. As there is no qualified binder or binding firm in Darwin to do work of a reasonable library binding standards, the solution is to pack several volumes as they are completed and sent them south to Perth or Brisbane for proper library binding (in Perth at $6.00 per volume if not more). There would be approximately 300 volumes per year requiring binding at the Hospital Library and about 150 at the Divisional Office. The cost is a minimum of $2,700 per annum plus transport cost. There is some substantial backlog of binding — $6,500.00 at least!

The problems with this solution are several:

- Many issues are by now lost and many have been damaged by the cyclone.
- Volumes are very often incomplete.
- The serials would travel and stay away for too long thus disturbing severely the information facilities of the library.
- The solution is costly and time consuming.

The Library Committee will have to make a decision, before any binding programmes are started, whether some other solution is more economical and whether it is worth keeping journals more than 5 or 7 years old — in the knowledge that 90% of demand for articles falls within the last 5 or 6 years. The fact that many university libraries, the National Library and the Central Office Library in Canberra keep all backsets of journals should also influence their decision, as well as the knowledge that most titles may now be obtained in microform.
My recommendation is that for now, the Darwin Hospital Library should not proceed with any binding programmes but should look at two other possible solutions.

2. Boxing the journals by volume into foldaway board boxes, especially made for library use. They cost only 70 cents per box - which will take a 2" thick volume of a periodical. The simple issues will stay in the box compact and easily distinguishable by any appropriate label on the front of the box. Most libraries are using these boxes for their current intake and for their pamphlets. These look quite neat on the shelves.

This solution is especially feasible if only 5 or 7 years of holdings are kept.

The Cost: first year $1,050.00
            then annually 350.00

Any missing issues of currently held titles will most likely be obtained from the Brownless Medical Library at the University of Melbourne or from the Central Office Library in Canberra. These two Libraries now maintain duplicate and exchange collections in the health sciences and both are more than happy to supply the Darwin Hospital Library with duplicate items from their shelves free of cost. The Brownless Medical Library will charge only postal cost.

3. This alternative envisages the use of microform either by way of microfiche or 16 and 35 mm microfilm.

It must however be realised that the libraries would have to subscribe to hard copy for current issues in order to be eligible for yearly volumes in microform (see attached no. M). The cost of microform is usually about 70% of cost for hard copy. The savings are in no binding cost and minimal shelving space (3% of hard copy). The advantages of microform in the Darwin libraries should be seen also in the light of having back files of all relevant titles so as to be fairly independent of southern sources, not to mention accommodation and binding savings. Archival endurance properties of modern microforms are known to be superior to paper, especially in tropical climates.
Microform in Darwin could be used in conjunction with fold away boxes for those titles not yet available in microform. 

Centralised cataloguing services should be used as much as possible for all titles acquired by the Darwin Hospital Library and the Divisional Office Library. There is no need (neither is there economic justification) to do our own cataloguing, since more than 90% of the literature purchased or otherwise acquired in the N.T. has been already catalogued by the National Library of Medicine of the U.S.A. or by the Central Office Library of the Health Department in accordance with NLM cataloguing practices.

There is now a backlog of cataloguing of about 5000 titles (inclusive of the N.T. Divisional Library).

The yearly intake of new books for the whole N.T. is below 1000 new book titles, close to 800 titles in fact, of which the Darwin Hospital would be account for more than half.

There are three alternatives to the solution of the cataloguing problem.

1. Should all purchasing be delegated to the Central Office in Canberra, then the Central Office would be able to catalogue all titles purchased for the N.T. within two weeks of receipt. The Central Office would also supply the catalogue cards for the catalogue in Darwin. This solution would require the delivery of books first to Canberra and then supply from Darwin of title and contents pages for all items received directly into Darwin.

2. Should all purchasing be organised directly from/to the Darwin Hospital Library, the Librarian Cl 2 with the assistance of the Clerical Assistant Gr 3 and with the recommended gadgets (e.g. Polaroid Camera, Duplicator, NLM Current Catalogue etc.) should be able to extract all cataloguing data for new titles with a minimum of delay. For titles they could not identify in the NLM catalogues, the Central Office Library would supply
cataloguing data within a few days (searching from title, content pages or book numbers (LC, NLM or ISBN) as supplied from Darwin by air post.

I firmly believe that this solution would be eventually the fastest, most economical and professionally satisfying and it would give the Darwin Hospital Library a great measure of autonomy - yet it would also use existing centralised services.

It is assumed that the Hospital Library would contribute cataloguing data to the Health Literature Union Catalogue and to the National Union Catalogue both located in Canberra.

Alternative no. 2 is also in line with the recommendation of the Australian Department of Health Library Committee and departmental policies on Library Information Services.

It may be well worth keeping in mind in this context that the department is considering seriously computerising its own cataloguing intake (in accordance with NLM practices) to enable us to use the services of MEDLARS II which contains CATLINE, the catalogueing data of the National Library of Medicine.

There would not be any difficulty for the Darwin Hospital Library to contribute data for the computer in Canberra and have access also to the much larger catalogue mentioned by the libraries of the Health Department, either for cataloguing help or for retrieval of books and reports not held in Darwin.

[Signature]

Departmental Librarian
16/1/1976
Attachments to Report


C - List of 100 titles for Abridged Index Medicus. Bethesda, National Library of Medicine, May 1975.

D - National Library of Medicine Publications.


F - Tender for books and pamphlets, 1975/76.

G - Tender for periodicals 1974/75, 1975/76.

H - Position classification standards for Library Staff and some relevant duty statements.


J - Functions & Terms of reference of the Library Committee. Also Director's-General approval.

K - Recommendations of the CO Library Committee re. cataloguing with BIBNET Data base and ADP applications.

L - Darwin Hospital Library Journals list with Index Medicus Annotations and microform prices when applicable.

M - Some literature on microforms.